

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026754

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 200

Registrar's No. 1129

FILED JUL 30 1962

VS 300  
Rev. 4/59

1 0397

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Greene</b>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>                   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Springfield</b>  |  |   |  | Length of stay in 1b<br><b>1 day</b>  |  | c. CITY OR TOWN <b>Springfield</b>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>R.F.D. # 6</b>                 |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>CARL</b> Middle <b>ARNOLD</b> Last <b>MONKS</b>   |  |   |  | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>20</b> Year <b>1962</b>  |  |  |  |
| 5. SEX<br><b>Male</b>  |  | 6. COLOR OR RACE<br><b>White</b>  |  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>2/12/1893</b>   |  |
| 9. AGE (last birthday)<br><b>69</b>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Ret. Electrician</b> |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Electrical</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>St. Joseph, Mo.</b>               |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>Alexander Clay Monks</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Margreth Arnold</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Christine S. Monks</b>                           |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of serv)<br><b>No</b>  |  |   |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |  | 17. INFORMANT <b>Springfield, Missouri.</b><br><b>Christine Monks, R.F.D. # 6,</b> |  |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>RHEUMATIC HEART DISEASE, INTERUS</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |   |  |   |  |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>  |  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>             |  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |  |  |
| 20c. TIME OF INJURY<br>Hour <b>8-18-50</b> a.m. p.m.<br>Month, Day, Year   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                |  |   |  |  |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY  |  | STATE  |  |
| 21. I attended the deceased from <b>8-18-50</b> to <b>7/20/62</b> and last saw her <b>live on 7/20/62</b><br>Death occurred at <b>1:00</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |  |   |  |  |  |
| 22a. SIGNATURE<br><b>Glen O. Turner M.D.</b>   |  |   |  | 22b. ADDRESS<br><b>609 Cherry Springfield</b>   |  | 22c. DATE SIGNED<br><b>7/24/62</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 23b. DATE<br><b>7/23/1962</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>East Lawn Cemetery</b>   |  | 23d. LOCATION (City, town, county)<br><b>Springfield, Missouri.</b>                |  |
| 24. FUNERAL DIRECTOR<br><b>Ralph Thieme, 1200 Boonville Ave.</b>   |  |   |  | 25. DATE RECD. BY LOCAL REG.<br><b>7-25-62</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Effie G. Matton</b>                                |  |

(Licensed Embalmer's Statement on Reverse Side)

Glen Turner  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

Permit  
7-23-62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*William L. Strauser*

Licensed Embalmer No.

*5164*

P. O. Address

*Spfd. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.